



WELL COMPLETION FORM
WELL HISTORY - DESCRIPTION OF WELL & LEASE

OPERATOR: License # _____

Name: _____

Address 1: _____

Address 2: _____

City: _____ State: _____ Zip: _____ + _____

Contact Person: _____

Phone: (_____) _____

CONTRACTOR: License # _____

Name: _____

Wellsite Geologist: _____

Purchaser: _____

Designate Type of Completion:

- New Well Re-Entry Workover
- Oil WSW SWD SIOW
- Gas D&A ENHR SIGW
- OG GSW Temp. Abd.
- CM (Coal Bed Methane)
- Cathodic Other (Core, Expl., etc.): _____

If Workover/Re-entry: Old Well Info as follows:

Operator: _____

Well Name: _____

Original Comp. Date: _____ Original Total Depth: _____

- Deepening Re-perf. Conv. to ENHR Conv. to SWD
- Conv. to GSW
- Plug Back: _____ Plug Back Total Depth _____
- Commingled Permit #: _____
- Dual Completion Permit #: _____
- SWD Permit #: _____
- ENHR Permit #: _____
- GSW Permit #: _____

Spud Date or Recompletion Date Date Reached TD Completion Date or Recompletion Date

API No. 15 - _____

Spot Description: _____

_____ - _____ - _____ Sec. _____ Twp. _____ S. R. _____ East West

_____ Feet from North / South Line of Section

_____ Feet from East / West Line of Section

Footages Calculated from Nearest Outside Section Corner:

- NE NW SE SW

County: _____

Lease Name: _____ Well #: _____

Field Name: _____

Producing Formation: _____

Elevation: Ground: _____ Kelly Bushing: _____

Total Depth: _____ Plug Back Total Depth: _____

Amount of Surface Pipe Set and Cemented at: _____ Feet

Multiple Stage Cementing Collar Used? Yes No

If yes, show depth set: _____ Feet

If Alternate II completion, cement circulated from: _____

feet depth to: _____ w/ _____ sx cmt.

Drilling Fluid Management Plan

(Data must be collected from the Reserve Pit)

Chloride content: _____ ppm Fluid volume: _____ bbls

Dewatering method used: _____

Location of fluid disposal if hauled offsite: _____

Operator Name: _____

Lease Name: _____ License #: _____

Quarter _____ Sec. _____ Twp. _____ S. R. _____ East West

County: _____ Permit #: _____

AFFIDAVIT

I am the affiant and I hereby certify that all requirements of the statutes, rules and regulations promulgated to regulate the oil and gas industry have been fully complied with and the statements herein are complete and correct to the best of my knowledge.

Submitted Electronically

KCC Office Use ONLY

- Letter of Confidentiality Received
Date: _____
- Confidential Release Date: _____
- Wireline Log Received
- Geologist Report Received
- UIC Distribution
- ALT I II III Approved by: _____ Date: _____



1069572

Operator Name: _____ Lease Name: _____ Well #: _____

Sec. _____ Twp. _____ S. R. _____ East West County: _____

INSTRUCTIONS: Show important tops and base of formations penetrated. Detail all cores. Report all final copies of drill stems tests giving interval tested, time tool open and closed, flowing and shut-in pressures, whether shut-in pressure reached static level, hydrostatic pressures, bottom hole temperature, fluid recovery, and flow rates if gas to surface test, along with final chart(s). Attach extra sheet if more space is needed. Attach complete copy of all Electric Wire-line Logs surveyed. Attach final geological well site report.

Drill Stem Tests Taken <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(Attach Additional Sheets)</i> Samples Sent to Geological Survey <input type="checkbox"/> Yes <input type="checkbox"/> No Cores Taken <input type="checkbox"/> Yes <input type="checkbox"/> No Electric Log Run <input type="checkbox"/> Yes <input type="checkbox"/> No Electric Log Submitted Electronically <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(If no, Submit Copy)</i> List All E. Logs Run:	<input type="checkbox"/> Log Formation (Top), Depth and Datum <input type="checkbox"/> Sample Name Top Datum
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CASING RECORD <input type="checkbox"/> New <input type="checkbox"/> Used							
Report all strings set-conductor, surface, intermediate, production, etc.							
Purpose of String	Size Hole Drilled	Size Casing Set (In O.D.)	Weight Lbs. / Ft.	Setting Depth	Type of Cement	# Sacks Used	Type and Percent Additives

ADDITIONAL CEMENTING / SQUEEZE RECORD				
Purpose:	Depth Top Bottom	Type of Cement	# Sacks Used	Type and Percent Additives
_____ Perforate _____ Protect Casing _____ Plug Back TD _____ Plug Off Zone				

Shots Per Foot	PERFORATION RECORD - Bridge Plugs Set/Type Specify Footage of Each Interval Perforated	Acid, Fracture, Shot, Cement Squeeze Record <i>(Amount and Kind of Material Used)</i>	Depth

TUBING RECORD: Size: _____ Set At: _____ Packer At: _____ Liner Run: Yes No

Date of First, Resumed Production, SWD or ENHR. _____ Producing Method:
 Flowing Pumping Gas Lift Other (Explain) _____

Estimated Production Per 24 Hours	Oil Bbls.	Gas Mcf	Water Bbls.	Gas-Oil Ratio	Gravity
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DISPOSITION OF GAS: <input type="checkbox"/> Vented <input type="checkbox"/> Sold <input type="checkbox"/> Used on Lease <i>(If vented, Submit ACO-18.)</i>	METHOD OF COMPLETION: <input type="checkbox"/> Open Hole <input type="checkbox"/> Perf. <input type="checkbox"/> Dually Comp. <input type="checkbox"/> Commingled <i>(Submit ACO-5)</i> <i>(Submit ACO-4)</i> <input type="checkbox"/> Other (Specify) _____	PRODUCTION INTERVAL: _____ _____
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GARNETT TRUE VALUE HOMECENTER

410 N. Main
Garnett, KS 66032
(785) 448-7108 FAX (785) 448-7135

Merchant Copy
INVOICE
THE GARNETT VALUE CENTER

Invoice: 10178340

Time: 18/0308
Ship Date: 08/18/11
Invoice Date: 08/18/11
Due Date: 09/06/11

Sold To: **MIKE**
Buyer Name: **MIKE**
Address: **ROGER KENT**
2898 NE HEDGHO RD
GARNETT, KS 66032
Phone: **(785) 448-8888**

Sold To: **MIKE**
Buyer Name: **MIKE**
Address: **ROGER KENT**
2898 NE HEDGHO RD
GARNETT, KS 66032
Phone: **(785) 448-8888**

Customer #: 0000857 Order By:

ORDER	SHIP	QTY	UNIT	ITEM#	DESCRIPTION	UNIT PRICE	EXTENSION	NET WT
860.00	1		BAG	CPFA	FLY ASH MIX 40 LBS PER BAG	8.0000	840.00	5410.40
-19.00			PL	CPMP	MONARCH PALLET	14.0000	-266.00	488.00
840.00			BAG	CPPO	PORTLAND CEMENT-64#	8.4000	840.00	4884.00
Credited from Invoice 10171878								

PAID BY CHECK BY DATE SHIPPED DRIVER		Subtotal	87788.00
SHIP VIA ANDERSON COUNTY	7788.00	Taxable	
NET 30 COMPLETE AND IN GOOD CONDITION	0.00	Non-Taxable	608.88
<input checked="" type="checkbox"/> X		Tax #	
		TOTAL	88391.88

1 - Merchant Copy



GARNETT TRUE VALUE HOMECENTER

410 N. Main
Garnett, KS 66032
(785) 448-7108 FAX (785) 448-7135

Merchant Copy
INVOICE
THE GARNETT VALUE CENTER

Invoice: 10178782

Time: 1887180
Ship Date: 08/09/11
Invoice Date: 08/09/11
Due Date: 09/06/11

Sold To: **MIKE**
Buyer Name: **MIKE**
Address: **ROGER KENT**
2898 NE HEDGHO RD
GARNETT, KS 66032
Phone: **(785) 448-8888**

Sold To: **MIKE**
Buyer Name: **MIKE**
Address: **ROGER KENT**
2898 NE HEDGHO RD
GARNETT, KS 66032
Phone: **(785) 448-8888**

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840.00			BAG	CPPO	PORTLAND CEMENT-64#	8.4000	840.00	4884.00
Credited from Invoice 10171878								

PAID BY CHECK BY DATE SHIPPED DRIVER		Subtotal	87788.00
SHIP VIA ANDERSON COUNTY	7698.00	Taxable	
NET 30 COMPLETE AND IN GOOD CONDITION	0.00	Non-Taxable	618.15
<input checked="" type="checkbox"/> X		Tax #	
		TOTAL	88404.15

1 - Merchant Copy



R.J. Enterprise
22082 NE Neosho RD
Garnett, KS 66032

Kent #25

Start 9-16-2011

Finish 9-19-2011

4	soil	4	
15	clay	19	
33	lime	52	
75	shale	127	
8	lime	135	
6	shale	141	
40	lime	181	
7	shale	188	set 20' 7"
28	lime	216	ran 677.7' 2 7/8
4	shale	220	cemented to surface 72 sxs
18	lime	238	
169	shale	407	
14	lime	421	
59	shale	480	
31	lime	511	
25	shale	536	
11	lime	547	
16	shale	563	
6	lime	569	
9	shale	578	
7	lime	585	
13	shale	598	
8	sandy shale	606	Odor
8	sandy shale	614	Good show
13	Bkn sand	627	Good show
4	sandy shale	631	Good show
13	Bkn sand	644	Good show
4	Dk sand	648	Show
36	Shale	684	T.D.